Draft meeting notes from PaCE panel meeting
3rd December, 11:30am
Seminar Room 1, SECC, RSH

Attendees:
Chair: Ruth Smith, Lead for Patient Experience, SaTH (RS)
Ellie Gunner, Patient Experience Assistant (EG)
Julie Palmer, Head of PALS & Complaints (JP)
Katy Moynihan, Lead Nurse Theatres, Scheduled Care (KM)
Joanne Yale, Head of Facilities (JY)
Kirsty Tivey, Pharmacist (KT)
Kath Preece, Head of Nursing, Scheduled Care (KP)
Stephanie Young, Deputy Head of Nursing, Scheduled Care (SY)
Glen Whitehouse, Radiology Centre Manager, (GW)
Alex Lake, Therapy Quality Improvement Lead (AL)
Karen Breese, Dementia Clinical Specialist (KBR)
Gary Caton, Head of Nursing, Unscheduled Care (GC)
Colin Stockton, Panel Member (CS)
Greg Smith, Panel Member (GS)
Sarah Thomas, Panel Member (ST)
Caroline McIntyre, Head of Workforce Resourcing (CM) – For update only
Charlotte Beirne, OD Practitioner (CB) – For update only

Apologies:
Kara Blackwell, Deputy Director of Nursing (KB)
Bob Ruane, Panel Member (BR)
Lynn Pickavance, Panel Member (LP)
Dawn Thorns, Panel Member (DT)
Ann Lewis, Panel Member (AL)
Janet O'Loughlin, Panel Member (JO'L)
Barbara Beale, Director of Nursing (Interim) (BB)
Anthea Gregory-Page, Deputy Head of Midwifery (AG-P)
Chris Hood, Head of Operational Estates, SaTH (CH)
Lynn Atkin, Lead Nurse Women and Children's (LA)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	RS welcomed everyone to the meeting and noted apologies.	
2.0	Minutes	
	The minutes were agreed for accuracy.	
3.0	Action Points from previous minutes	
	RS commented that an action of the previous meeting was for Ian Morris to give an update regarding parking. As he was unable to attend, an information	

	sheet was drawn up and was sent to the Panel Members prior to the latest meeting (3rd December). RS asked if this information sheet was sufficient in answering the Panel Member's questions. GS asked if patients know about the concessions and asked how they are advertised to patients. JY commented that concessions were advertised on the website and on the wards/departments. RS commented that a family, friends and carers leaflet was also being finalised, which included information on concessions. GS asked if concession information was displayed on the car parking machines. JY commented that concessions could be accessed via the car parking machines. GS also asked if pensions were impacted, if staff car parking charges were deducted from staff member's salaries. JY commented that this was the case. GS commented that this was confusing and JY suggested that Ian Morris should be invited to the next meeting to answer further questions regarding parking. **Action: invite Ian Morris to give answer questions regarding parking at the next meeting.**	
4.0	Workforce Updates	
	CM provided an update on recruitment and retention, as this was an action from the previous meeting (24th October 2019). The following comments were made: • For the first time, this September (2019), the Trust gained more nurses than it had lost. GC asked if that was just this year, as there appears to be an influx of nurses every September. CM confirmed that it was just this year where this had been achieved (2019). • The Trust had participated in additional recruitment activity. In September, the Trust exhibited at a conference at the University of Manchester and at the Nursing Times Careers event in Birmingham. In October, the Trust exhibited at Keele University and Staffordshire University, and recruited in Dublin. • The Trust was hoping to employ 180 nurses from India; the first cohort of which will be arriving on Thursday 5th December 2019. • The Trust had received over 18,000 applications within the last 12 months; over 5,000 of who were interviewed and 1,771 offers were issued. • Recruitment of international nurses is a long process. It is typical for the nurses to arrive on a Thursday, where they are picked up from the airport by a member of staff. They are then taken to their accommodation, where they are given a welcome pack which includes useful information, over the next few days they have a pre-employment occupational health check and set up a bank account. By arriving on a Thursday, the nurses are given the weekend to settle in to their accommodation. CM commented that the Trust has a schedule of dates when international nurses will be arriving which continues until March 2020. GS asked if these nurses were solely from India. CM commented that they were; although it is planned to recruit from the Philippines in 2020/2021 due to the large proportion of nurses there. • A 'Rent a Room Scheme' had been established. Staff members with spare rooms, who undergo checks, are asked to temporarily let their	

rooms to international nurses in exchange for money (£90 a week). CM commented that there had been a large uptake of this.

- An event took place on the 14th November to welcome and support the nurses recruited from India. Local councilmen supermarket chains and other businesses/organisations were contacted to ask if they could contribute in any way. CM commented that Arriva had donated three-months free train travel to new recruits.
- BB had introduced escalated rates of pay to existing staff, to encourage them to take up additional shifts, and avoid the use of bank and agency staff. CM commented that they had also maximised block booking of bank and agency staff in Scheduled and Unscheduled Care to deliver consistency for patients and colleagues.

CS enquired as to what 'COS' and 'OSCE' stood for on page 2 of the International Nurse Recruitment Update PowerPoint presentation. CM commented that 'COS' stood for Certificate of Sponsorship. 'OSCE' stood for Objective Structured Clinical Examination – a professional competence that must be passed by nurses trained outside of the European Union.
GS enquired as to the level of communication ability of the international nurses. KP commented there was a good standard of English during the interview processes, and that the Care Groups were excited for the arrival of nurses. GS commented that whilst their level of English may be good, there may be cultural barriers to communication. CM commented that this had been anticipated and a glossary of terms had been created to prevent any communication difficulties. GC also commented that this was addressed in the 12-week OSCE.

GS asked if the Home Office had gotten in the way of international recruitment. CM commented that it had been a slow process and it had been a big learning curve due to the volume of nurses that had been recruited, but the places were now filling up quickly. GS enquired as to whether the number of agency staff would reduce in line with the recruitment of international nurses. CM commented that there should be a reduction in the number of agency staff utilised by the Trust, once the international nurses have settled in.

- A retention committee was also in the process of being developed, to prevent staff turnover. CM commented that she would be happy to send updates from the committee to PaCE Panel Members. The Panel Members agreed this is something they would be interested in.

Action: Discuss with CM how the updates will be shared with the PaCE Panel Members.

CB gave an update on the staff survey, as this was an action from the previous meeting (24th October 2019). CB gave the following update:

- The staff survey is a national event that every NHS organisation partakes in. It includes all staff; however there are national exclusions, such as individuals who are on long-term leave due to sickness etc.
- This year's staff survey closed on Friday 29th November 2019 and the workforce team have started to receive basic data. CB commented

	that every NHS organisation has to partner up with a company, who will validate the data. SaTH is partnered with 'Quality Health' who validates data from 68 other NHS organisations. This validated data should be received by the Trust in February 2020. • Staff were, this year, asked if they would prefer to complete their staff survey via email or via a paper copy, as it was found that not everyone had access to email. • Data from departments with more than eleven respondents is anonymised and published nationally, to be used as a performance metric. If there are eleven respondents or less in a department, then this data will not be published. This is a national guideline and is due to issues surrounding confidentiality in small teams or departments, even where data is anonymised. One issue that arises as a result of the anonymisation of data is that you are not able to break down free-text comments. This makes it difficult when staff make localised suggestions, about things which could be improved in their area, and you cannot identify where the suggestion has come from. CB commented that, to overcome this issue, themes are identified at an organisational level and staff groups are utilised to implement changes/improvements. • The low response rate to the staff survey may be due to a lack of motivation as the Workforce team have not always been clear as to how they have used staff feedback to implement changes and improvements. • The staff survey results are shared with each of the care groups and the managers of these teams. CB commented that the staff survey often only validates what the managers already know about their teams and the way they feel. GS asked if the staff survey included questions on staff morale, bullying and whistleblowing. CB commented that staff are asked if they feel able to raise concerns and this feeds into the safety culture theme of the survey. Staff are also asked sub-questions on topics such as advocacy, motivation and involvement, as part of the staff engagement theme. CB commented that the staff engagement score will reflect how staff truly feel, in regards to morale. KP commented that, within Scheduled Care, the staff survey results and the patient survey results were triangulated to see how they compared, which was useful in providing feedback. GS asked if the Trust was able to add their own questions into the staff survey. CB commented that they could, and they did, depending on the priority of the organisation at that time. GS asked what staff get out if it by completing the staff survey. CB commented that it was an opportunity to share your views. GW commented that the biggest issue in the staff survey, for Radiography, was equipment and the negative impact it had on staff morale. The staff survey results were used as evidence when a case was put forward to ask for new equipment. GW outlined that the case was successful. AL also	

	commented that Therapies conducted focus groups with staff, based on the results of the staff survey; to discuss what changes could be made to improve.	
5.0	Care Group Overview on Patient Experience Action Plans	
	Support Services GW provided an update on the Radiology Patient Experience Action Plan: • As part of the Equipment Replacement Programme, a new CT scanner would be installed at the Princess Royal Hospital. The X-ray service would undergo digital transformation next year, which would result in a faster turnaround and a better patient experience. • Demand has always been an issue within radiology services; specifically demand for CT and MRI scans, where there has been a 12% growth in demand compared to last year. Contextually, this equates to an additional 7000 body areas being scanned by a CT scanner, and an additional 3000 body areas undergoing an MRI scan. GW commented that, despite the demand, the 6-week diagnostic national target was still met by the Trust. However, there were challenges with reporting, and the Trust did not meet this target. • To tackle the current challenges faced with Radiology, the team has changed its workforce structure to maximise skill mix. Alongside new workflows and set turnaround times, the team will outsource if necessary to better manage workload and prevent backlog. The Trust is considering outsourcing more complex cases to other NHS organisations, so that SaTH can adopt a more systemised routine; however, every Trust is experiencing the same level of demand and therefore there is a lack of capacity for this to be executed. • In regards to recruitment, the Trust has been doing well. The Advanced Practice field has been invested in and 11 Radiography posts have been offered, proving successful. This has meant that staff have been used more efficiently and has led to a large reduction in the time patients presenting with symptoms, indicative of lung cancer, have had to wait for a scan (reduced from weeks to days). GS asked, upon reflection, what an action plan was. GW commented that, within Radiology, there a lots of individual action plans, rather than one overarching plan. GS commented that, as a patient, he was trying to understand how this fit into the overall Patient and Carer Experience Strategy. KM said that, in Scheduled Care, their action plans have been tailored to the Patient Experience Framework, and that this could be the starting point for all Care Groups, to identify where the teams need help from the patient groups. GW commented that the Radiology Department work in partnership with patients, via the Transforming Care Institute to undertake improvement work. AL provided an update on the Therapy Patient Experience Action Plan: • There are 38 different clinical areas that work with Therapy where Friends and Family Test (FFT) feedback is received. After making a more concerted effort to hand the FFT cards out, the rate of response has increased considerably, to over 300, in the last quarter. The FFT scores received by Therapy are consistently high. Whilst this is well-	

	received, it is not found to be useful, when looking at making improvements. • The FFT comments are found to be useful; however, a lot of the criticisms received by Therapy are regarding issues that are out of their control, such as car parking. Despite this, AL commented that all FFT feedback is shared with staff. • The next step for Therapy is to display the 'You Said, We Did' feedback in patient areas, to show patients, carers and visitors that they are acting upon the feedback received via FFT. • Services reviews are also currently taking place, and patient experience is part and parcel of that. Access to Therapy is being reviewed as part of this: it was found that there are 90 difference processes when accessing Therapy; to improve patient experience, this going to be streamlined. GS asked if Therapy will be using patient representatives in their improvement work. AL commented that they are looking at this within the individual teams, patient representatives will be invited in future work. KT provided an update on the Pharmacy Patient Experience Action Plan: • Within Pharmacy, there is currently no Patient Experience Action Plan and FFT feedback is not received. KT commented that Pharmacy has previously conducted an Outpatient survey, but this was not found to be useful. This was because patient feedback focused mainly on long wait times; however, the underlying issue is believed to be inter-departmental communication. • Pharmacy would like to invite patient representatives to be involved in improvement work regarding wait times. KT suggested patient representatives could, work in partnership with staff to, follow the process and identify the issues. **Action: KT to explore opportunities within Pharmacy Services to involve patient representatives in following the discharge medication journey.** GC commented that discharge is a multifaceted issue and, whilst medication is one issue that slows down the discharge process, it is not the only issue. KP commented that it would, therefore, be useful to have patient representatives involved in the discharge journey; as it would be beneficial to have 'fresh eyes' when utilising the lean methodology. • The extension of weekend hours will be introduced on the 4th January 2020. KT commented that most of the complaints received are regarding wait times and JP agreed. Extending weekend hours will help to solve this issue.	
	Facilities	
	JY provided an update on the Facilities Patient Experience Action Plan: • Patient feedback is received via monthly patient surveys and PLACE inspections. There is also a Food Group with patient representatives on it. • The results of the 2019 PLACE inspections will be publically available	

	in January 2020. The key themes identified: access, signage and maintenance. JY commented that having wheelchair-users involved in the PLACE inspections gave a different perspective and highlighted accessibility issues. • A case had been put forward for more cleaning hours in the evening. • There had been several improvements, since the 2018 PLACE inspection, such as the installation of a disabled toilet on the first floor of Princess Royal Hospital, and the advancement in making both sites dementia-friendly. • A survey is currently being shared around the Trust to gather staff and patient feedback on an out-of-hours food service. • JY also noted that with the upcoming introduction of the new 'cook chill' system at Royal Shrewsbury Hospital, the Facilities department are looking for patient representatives to test the food. This is likely to take place in December 2019/January 2020. **Action: Confirm details with JY regarding testing of new 'cook chill' system.** • There will be a meeting on the 11th December 2019 regarding PLACE-Lite (a mini version of PLACE). It is hoped that Estates will be able to run PLACE-Lite bimonthly. If so, the team will be looking for patient representatives and volunteers to assist with this. ST enquired as to whether there was a separate way to feedback on Facilities, without making a formal complaint. JP noted that 'comments' could be given through the SaTH website and via PALS. GS enquired as to if PLACE was a sub-committee of PaCE, as it is a route for comment about the environment/estate. JY commented that PLACE was not a sub-committee of PaCE, but can feed into it.	
	Scheduled Care	
	KM provided an update on the Scheduled Care Patient Experience Action Plan: • Patient feedback was sought via patient surveys; and themes (across the care group) have been identified via FFT feedback and complaints. • The surgical pathway value stream had been running for over two years, and patient representatives had been involved throughout this process. • Since the last CQC visit, in 2018, Quality Walks have been taking place throughout Scheduled Care. KM enquired as to whether this was something the PaCE panel members would be interested in becoming involved in. The panel members responded favourably. **Action: KM to confirm Quality Walk dates (and locations).** • The Scheduled Care Group noted their wish to work in partnership with patient representatives, and the PaCE Panel members, to complete their Action Plan. The priorities were: speeding up the	

	response process when feeding back to patients and teams; the development of a surgical admission lounge; and Quality Walks. GS noted that it would be beneficial to include all this information in an email, so that the PaCE Panel members, who were unable to attend, could also be involved in these opportunities.	
	Unscheduled Care	
	GC provided an update on the Unscheduled Care Patient Experience Action Plan: • GC noted that he welcomed any involvement from patient representatives. GS enquired if this was as a Care Group or as a Trust. RS commented that themes, such as discharge and environment, have been noted as issues across every Care Group; therefore, there were some challenges that were being faced Trust-wide. • Some improvements had already been made, in unscheduled care, such as displaying posters with the Ward Manager's contact details, to address communication issues between patient/visitors and Ward Managers. Workshops had also taken place and action plans had been produced. • GC suggested it would be beneficial to partner up a patient representative with every Matron in Unscheduled Care, as each Matron is allocated a specific area for which they are responsible. Each pair could then work together to identify issues and make improvements in their own areas. GC commented that he had been working with JP to overcome communication issues within Unscheduled Care. GC noted that there were different types of challenges (and challenges with communication) in different areas, which is why he believes it would be effective to partner up patient representatives with Matrons. RS noted that this may not be feasible as the number of Matrons (for each of the Care Groups) heavily outweighs the number of PaCE Panel members. GC agreed, but suggested they could start with one or two, and see if it works. GS noted that the PaCE Panel members had been desperate for what was currently being described. **Action: Discuss with GC the opportunity to partner patient representatives and Matrons in Unscheduled Care.**	
	Dementia	
	KBR provided an update on the Dementia Patient Experience Action Plan: • All their work focused upon patient experience, and there was still a long way to go. KBR commented that a Dementia Strategy, developed in partnership with people living with Dementia, had been published. • Training of staff was a priority and a business case had been submitted to support expansion of the Dementia team. • Whilst lots of positive developments, such as dementia-friendly crockery, droplet cups, finger-food, and dementia-friendly clocks, had been made; there was still a long way to go with signage, as this is a particular issue.	

	ST noted that, from a patient perspective, the changes that had been made to make the Trust dementia-friendly were clear (for example, with the yellow badges). • A particular challenge is gathering feedback from people living with Dementia. Feedback is often from carers, friends and family and it is preferred to have a face-to-face discussion, rather than via a patient survey • An easy-read questionnaire was due to be trialled next year, providing an opportunity for patients living with Dementia to provide feedback. The easy-read questionnaire will consist of two/three questions and answers will be noted via faces (happy or sad), rather than tick-boxes. ST commented that this would also be useful for Deaf British Sign Language users, as English is their second-language. RS commented that the FFT was being adapted to an easy-read version in April 2020. The easy-read FFT will replace the current FFT so that everyone will receive an easy-read version. ST noted that this would benefit Deaf British Sign Language users. • KBR noted that due to having a small team, with only 3 WTE staff, the Dementia team tend to collate their own feedback. A common theme was the issue around discharge and bed moves. KBR commented that this is a national issue, and all NHS Trusts are struggling with best practice. SaTH were currently looking into how they can provide the best care to patients living with Dementia, to ensure they are on the most suitable ward and are not just viewed as a 'person with Dementia'. • As a step towards providing best practice, the Trust has received two new buddy chairs for carers/visitors to prevent patient distress. This will improve the experience of, not only the patient, but also the carers/visitors, providing more flexibility and encouraging carers to stay with the person they care for.	
6.0	Next steps	
	RS commented that the next steps had been discussed throughout each Care Group's overview of their Patient Experience Action Plan. Three of the Care Groups (Paediatrics, Maternity and Estates) had been unable to share their Patient Experience Action Plans, as planned, due to unavailability on the day of the meeting. The Patient Experience Action Plans from Paediatrics, Maternity and Estates will be discussed at the next meeting (January 2020). **Action: Invite Paediatrics, Maternity and Estates to next meeting (January 2020) to present Patient Experience Action Plans.** RS commented that, in the meantime, an email will be sent out with all information discussed regarding current action (e.g. Scheduled Care walkabouts, food testing as part of the introduction of the new 'cook chill' system, following the discharge journey within Pharmacy). This will be sent out once dates and locations have been confirmed. **Action: Send confirmed details of the actions discussed to the PaCE Panel members.**	

7.0	Any other business	
	GS asked if the Trust was still undergoing the CQC inspection. RS commented that the announced visits and interviews had taken place, but unannounced visits were still in progress. RS noted that some informal feedback had been received; but it is anticipated that a full written report will be received with the full findings at some point in January (2020). GS asked if it was inappropriate to discuss the maternity services. KP commented that it was not appropriate to discuss the maternity services, whilst it was an ongoing investigation, and the formal report has not yet been published. RS noted that once the formal report had been published, a copy of the report, and an action plan, will be shared with the PaCE Panel members, as well as the CQC findings report and action plan.	
8.0	Close	

Next meeting: Friday 10th January 2020
09:30 – 11:30
Education Centre, PRH

Actions:

	Action	Update
1.	Invite Ian Morris to give answer questions regarding parking at the next meeting.	07/01 – written response to questions provided by Director of Corporate Services at SaTH. Jo Yale to address any outstanding questions at meeting.
2.	Discuss with Caroline McIntyre how the Staff-retention Committee updates will be shared with the PaCE Panel Members.	07/01 - Quarterly updates to be given.
3.	KT to explore opportunities within Pharmacy Services to involve patient representatives in following the discharge medication journey.	10/01 – 'Discharge Group' to be set up to look at the general discharge journey.
4.	Confirm details with Jo Yale regarding testing of new 'cook chill' system.	07/01 – PaCE Panel members received an email invitation to attend testing on new 'cook chill' system: Wednesday 15th January (11am -12 noon) The Apley Restaurant, Princess Royal Hospital.
5.	KM to confirm Quality Walk dates (and locations).	Dates confirmed and shared with panel members.
6.	Discuss with Gary Caton the opportunity to partner patient representatives and Matrons in Unscheduled Care.	10/01 – to be piloted in Scheduled Care to test feasibility.
7.	Invite Paediatrics, Maternity and Estates to next meeting (January 2020) to present Patient Experience Action Plans.	05/12 – Invite sent to all Care Groups
8.	Send confirmed details of the actions discussed to the PaCE Panel members.	03/01 – PaCE Panel members received an email detailing actions. Updates to follow once confirmed.